Approved for use through 07/31/2006, OMB 0651-0031 rademark Office: U.S. DEPARTMENT OF COMMENT OF C U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/750.139 **Application Number** TRANSMITTAL December 30, 2003 Filing Date **FORM** First Named Inventor Jessica Reneé DesNoyer Art Unit Unknown **Examiner Name** Unknown (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Attorney Docket Number 50623.00326 ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) After Allowance Communication to TC Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Return Postcard Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Request to Rescind Previous Request for Refund Nonpublication Request Express Abandonment Request CD, Number of CD(s) ☐ Information Disclosure Statement ☐ Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Squire, Sanders & Dempsey, L.L.P. Firm 600 Hansen Way Palo Alto, CA 94304-1043 Signature Printed Name Aaron Wininger Reg Date December 14, 2004 45.229 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal

Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

lexandria, VA 22313-1450 on the date shown below.					
Signature	Gm Janelrowsh				
Typed or printed name	Eileen W Janikowski	Date	December 14, 2004		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Complete If Known FEE TRANSMITTAL FOR FY 2005 First Named Inventor 10/750,139 Filing Date December 30, 2003 The Date	Upde the Panery	nrk Reduction Ad	of 1995 rm	nersons are required	to res	U.S. Patent a	and Trai	demark Office	e: U.S. DEPAR	RTMENT OF	MB 0651-0032 F COMMERCE control number
FEE TRANSMITTAL For FY 2005 Applicanto claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify); Check Credit Card Money Order None Other (please identify); Check Credit Card Money Order None Other (please identify); Check Credit Card Money Order None Other (please identify); Check Credit Card Money Order None Other (please identify); Charge fee(s) indicated below Credit and other orders are an additional fee(s) or underpayments of fee(s) Credit any overpayments on this form may become public. Credit card information should not be included on this form. Provide credit card information and authoritation on Provide and the provide and authoritation on Provide and authoritation and authoritation on Provide and authoritation and authoritation and authoritation on Provide and authoritation authoritation and authoritation authoritation autho											
FIRST Named Inventor Jessica Renee DesNoyes				8).	Application Num	ber					
Applicant claims small entity status. See 37 CFR 1.27		IRA	NSI	MIIIAL	. [Filing Date		Decem	ber 30), 20	03
Applicant claims small entity status. See 37 CFR 1.27 Art Unit Unknown		For F	Y 200)5		First Named Inve	entor	Jessi	.ca Rer	nee Do	esNoyeı
METHOD OF PAYMENT (check all that apply)						Examiner Name		Unknown			
Check	Applicant cla	aims small entity	status. S	See 37 CFR 1.27	_	Art Unit		Unknown			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 05-0150 Deposit Account Name Squire, Sanders & For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy)DempSey, L, L, P, Grarge eary additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for fee(s) indicated below,	TOTAL AMOUN	50600 00006									
Deposit Account Number: 05-0150 Deposit Account Name Squire, Sanders & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) DempSey , L. L. P.	METHOD OF F	AYMENT (ch	eck all the	at apply)							
Deposit Account Number: 05-0150 Deposit Account Name Squire, Sanders & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) DempSey , L. L. P.	Check	Credit Card	Пмо	nev Order	Vone	Other (nl	ease ide	entify)	_		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)DempSey , L.L.P. Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee MCharge fee(s) indicated below, except for the filling fee MCharge fee(s) indicated below, except for the filling fee MCharge fee(s) indicated below, except for the filling fee MCharge fee(s) indicated below, except for the filling fee MCharge fee(s) fee(s) indicated below, except for the filling fee MCharge fee(s) fee filling fee fee f				•		-			re, Sa	ander	s &
Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Credit any overpayments Examinating fee Examination on Pro-2038. Fee (S) Fee Paid (S) Total Claims Extra Claims Extra Claims Extra Claims Fee (S) Fee Paid (S) Total Claims Extra Claims Fee (S) Fee Paid (S) Fee	For the at	ove-identified d	eposit acc	ount, the Director is	here	by authorized to:	(check	all that app	Demps	sey,	L.L.P.
Charge any additional fee(s) or underpayments of fee(s)						<u> </u>					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION					f fee						
Information and authorization on PTO-2038. FEE CALCULATION	l 🗀 und	ler 37 CFR 1.16	and 1.17			ш	-			do crodit c	,,,
The specification Type				ne public. Credit card	ınıo	rmation should no	t be inc	luded on thi	S IOIII. PIOVI	ne credit ca	110
Filing FEES Small Entity Fee (\$) Fee (FEE CALCULA	ATION									
Name	1. BASIC FILIN				S						
Application Type		FI			AR		EXAN				ŀ
Design 200 100 100 50 130 65	Application 1	<u>ype Fe</u>			e (\$)		Fee			Fees Pa	aid (\$)
Plant	Utility	30	00 1	50 50	00	250	200	100	0		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims - 20 or HP =	Design	20	00 1	00 10	00	50	130) 6:	5		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	20	00 1	00 30	00	150	160) 80	C		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof — 100 =	Reissue	30	00 1	50 50	00	250	600	300	C		
Fee S Fee S Fee S	Provisional	20	00 1	00	0	0	C) ()		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Registration No. (attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)		AIM FEES									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Attorney/Agent) Registration No. (Attorney/Agent) Attorney/Agent) Attorney/Agent) Total Sheets Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$)		20 or for Rei	ssiles ea	ch claim over 20	and	more than in the	e origi	nal natent			
Multiple dependent claims Total Claims Extra Claims Pee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$) Fee P										nt 200	100
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims		ent claims								360	180
HP = highest number of total claims paid for, if greater than 20 Indep. Claims - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =	. ——		<u>Claims</u>	<u>Fee (\$) </u>	ee P	<u>aid (\$)</u>				/ e \	
-3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets			paid for, if g	greater than 20			<u>[C</u>	<u>∈ (4)</u>	reeraid	741	
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets					ee P	aid (\$)					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets											
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	3. APPLICATION	N SIZE FEE									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = -10	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
- 100 =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. (Attorney/Agent) 45,229 Telephone 650-856-6500											
Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. (Attorney/Agent) 45,229 Telephone 650-856-6500											
SUBMITTED BY Registration No. (Attorney/Agent) 45,229 Telephone 650-856-6500	• • •										
Registration No. (Attorney/Agent) 45,229 Telephone 650-856-6500											
Registration No. (Attorney/Agent) 45,229 Telephone 650-856-6500	CLIDANTYCO DV										
(Attorney/Agent) 43,223 030 030			$\overline{}$				4 E	220	Telephone	CEO 0	F6_6F0
	Name (Print/Type)	Aaron	<u> </u>	mer X		Attorney/Agent)	40,	449			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/36 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to res cond to a collection of information unless it displays a valid OMB control number.

RESCISSION OF PREVIOUS NONPUBLICATION REQUEST (35 U.S.C. 122(b)(2)(B)(ii))

AND, IF APPLICABLE, NOTICE OF FOREIGN FILING

(35 U.S.C. 122(b)(2)(B)(iii))

Send completed form to: Mail Stop PG Pub Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 FAX: (703) 305-8568

Application Number		10/750,139	
Filing Date		December 30, 2003	
First N	lamed Inventor	Jessica Reneé DesNoyer	
Title	POLY (ESTER AMIDE) COATING COMPOSITION FOR IMPLANTABLE DEVICES)		
Atty D	Atty Docket Number 50623.00326		
Art Unit		Unknown	
Examiner		Unknown	

A request that the above-identified application not be published under 35 U.S.C. 122(b) (nonpublication request) was included with the above-identified application on filing pursuant to 35 U.S.C. 122(b)(2)(B)(i). I hereby rescind the previous nonpublication request.

If a notice of foreign or international filing is or will be required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c), I hereby provide such notice. This notice is being provided no later than forty-five (45) days after the date of such foreign or international filing.

If a notice of subsequent foreign or international filing required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c) was not filed within forty-five (45) days after the date of filing of the foreign or international application, the application is ABANDONED, and a petition to revive under 37 CFR 1.137(b) is required. See 37 CFR 1.137(f).

\mathcal{L}	December 14, 2004
Signature	Date
Aaron Wininger	
	45,229
Typed or printed name	Registration Number, if applicable
(650) 856-6500	
Telephone Number	

This request must be signed in compliance with 37 CFR 1.33(b).

If information or assistance is needed in completing this form, please contact the Pre-Grant Publication Division at (703) 605-4283 or by e-mail at PGPub@USPTO

CERTIFICATE	OF MAIL	.ING OR	IRAN	SMISSION
			_	

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop PG Pub, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature Name (Print/Type) ≝ileen M. Janikowski Date December 14, 2004

This collection of information is required by 37 CFR 1.213(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PG Pub, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.